

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>DENNIS SIMON, 13r0259</b>	COURT CASE NUMBER <b>13 CIV 6545</b>
DEFENDANT <b>SGT. THOMAS</b>	TYPE OF PROCESS <b>SUMMONS</b>

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>BROOKLYN NARCOTICS DIVISION, SGT. THOMAS</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>244-245 GLENMORE AVENUE BROOKLYN, NEW YORK, 11207</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**DENNIS SIMON, 13R0259**  
**CAPE VINCENT CORRECTIONAL FACILITY**  
**36560 STATE ROUTE 12 E, P.O. BOX 3739**  
**CAPE VINCENT, NEW YORK, 13618**

Number of process to be served with this Form - 285	<b>10</b>
Number of parties to be served in this case	<b>10</b>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:  
**MR. ROBERT BOMBARA**
☒ PLAINTIFF  
☐ DEFENDANT
TELEPHONE NUMBER  
**718 845-4283**DATE  
**11/14/13**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>10</b>	District of Origin No. <b>054</b>	District to Serve No. <b>054</b>	Signature of Authorized USMS Deputy or Clerk	Date <b>11/27/13</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <b>11/17/13</b>	Time <b>2:25</b>	U.S. Marshal or Deputy <b>am</b>
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Signature of U.S. Marshal or Deputy  
**[Signature]**

Service Fee <b>65.00</b>	Total Mileage Charges (including endeavors) <b>8.47</b>	Forwarding Fee <b>8.00</b>	Total Charges <b>81.47</b>	Advance Deposits	Amount owed to U.S. Marshal or <b>NK</b>	Amount of Refund <b>2:25</b>
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REMARKS: **1213-m/s**  
**117-1215****Insufficient info provided. Needs full name or badge number**PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)**13-6545-3**